

Department Name: _____

DEPARTMENTAL INDIRECT COST AND LOCAL MATCH FORM

Date Submitted: _____

Page _____ of _____

Grant Title	Type of Budget			Match Ratio (%)		Org Code	Budget Category							Grand Total
	CFDA	Indirect	Local	Federal	Local	Org Scheme	Personnel Services	Fringe Benefits	Supplies	Other Services	Utilities	Capital Outlays		
		Cost	Match											
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